MISSOURI BOARD OF PHARMACY

# NEWSLETTER

SEPTEMBER 2024

## TABLE OF CONTENTS



## BOARD OFFICERS

The Board has re-elected President James Gray and Vice-President Christian Tadrus to serve as officers for the 2024-2025 fiscal year. Congratulations President Gray and Vice-President Tadrus!

Congratulations!

President
James L. Gray,
Pharm.D, MBA
Saint Louis, MO

Original Appointment:
December 14, 2018

Vice-President
Christian S. Tadrus,
Moberly, MO

Original Appointment:
December 14, 2018

## CE REMINDER

Pharmacist renewals are open! All pharmacist licenses must be renewed by October 31, 2024. Pharmacists must have thirty (30) hours of continuing education (CE) to renew as active. CE must have been earned between November 1, 2022, and October 31, 2024 and must be completed before you renew. Up to a $1,000 delinquency fee will apply for late/delinquent CE.

See rule 20 CSR 2220-7.080 for complete CE requirements; A CE chart is also available in the Missouri Pharmacist Practice Guide (Section B.3).

Please renew EARLY and ONLINE to avoid delays.

**New pharmacist licenses issued by the Board on or after November 1, 2023 are exempt from CE for the 2024 renewal period.

## NEW LICENSING DATABASE

The Missouri Board of Pharmacy will be transitioning to a new electronic licensing system that is expected to go-live in December 2024. The new system will accept online payments and allow licensees/applicants to apply for, renew, and update a license or registration online (e.g., changing address, employment, contact information, print a duplicate license)! The new user-friendly system will allow for faster processing by serving as a one-stop license portal. Monitor the Board's website for additional updates this fall!

## NABP LAUNCHES NEW RESOURCE SITE

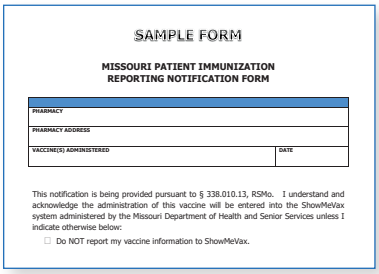
NABP recently launched a pharmacy mental health and well-being website with information/resources on promoting mental health for pharmacy staff. This important initiative is vital as pharmacy practice continues to evolve and expand. Visit NABP's website today for additional information, including, self-evaluation tools, patient resources, and available courses/certifications (https://nabp.pharmacy/initiatives/pharmacy-practice-safety/mental-health-and-well-being-resources/).

## FLU SEASON IS COMING!

Flu season is almost here which makes it a good time to check compliance with Missouri's immunization requirements (see the Board's Immunization/Administration brochure for additional compliance information):

- Section 338.010.1(4) was amended in 2023 to allow pharmacists to independently order and administer vaccines approved by the FDA before January 1, 2023, to individuals aged seven (7) and above, with the exception of vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, or any vaccine approved by the FDA after January 1, 2023.
- A physician protocol is no longer required to administer vaccines approved by the FDA before January 1, 2023, subject to the above exceptions. However, pharmacists choosing to administer by protocol should make sure their protocol is current and up-to-date and includes all items required by 20 CSR 2220-6.050(5). Immunization protocols are valid for one (1) year, unless otherwise restricted in the protocol; A new protocol must be signed each year.
- A medical prescription order is required to administer vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, or any vaccine approved by the FDA after January 1, 2023. These vaccines cannot be given under § 338.010.1(4).
- Pharmacists may continue to administer vaccines that are periodically/annually reformulated or updated, such as seasonal influenza vaccines, if the FDA approved the original vaccine before January 1, 2023.
- Pharmacists should make sure their Notification of Intent (NOI) to immunize is current. NOIs must be renewed when you renew your Missouri pharmacist license in 2024 or they will expire. A link will be provided to the NOI renewal site (https://pr.mo.gov/pharmacy-notification.asp) after you electronically submit your pharmacist renewal (do not close your browser). Use the same link to renew your NOI if you will be submitting a paper renewal or are not redirected.
- Pharmacists cannot administer Respiratory Syncytial Virus (RSV) vaccines under § 338.010.1(4), given the FDA initially approved the vaccine after January 1, 2023. The RSV vaccine may still be administered by medical prescription order under § 338.010.1(3) and 20 CSR 2220-6.040 (see above).
- Patients must be notified on a manual or electronic form that vaccine information will be entered into

the ShowMeVax system and provided an opportunity to opt-in to reporting. The patient must manually or electronically sign the acknowledgment form. A sample Patient Immunization Reporting Notification Form is available on the Board's website. However, licensees should consult with legal counsel to develop the appropriate notification form for your practice setting. Notification forms should be maintained in the licensee's records as proof of compliance. (See § 338.010.17 for prescriber notification requirements if the patient opts out of ShowMeVax reporting; See also the 2023 Missouri Practice Guide Supplement - Section M.10.)



SAMPLE FORM

MISSOURI PATIENT IMMUNIZATION REPORTING NOTIFICATION FORM

PHARMACY

PHARMACY ADDRESS

VACCINE(S) ADMINISTERED | DATE

This notification is being provided pursuant to § 338.010.13, RSMo. I understand and acknowledge the administration of this vaccine will be entered into the ShowMeVax system administered by the Missouri Department of Health and Senior Services unless I indicate otherwise below:

☐ Do NOT report my vaccine information to ShowMeVax.

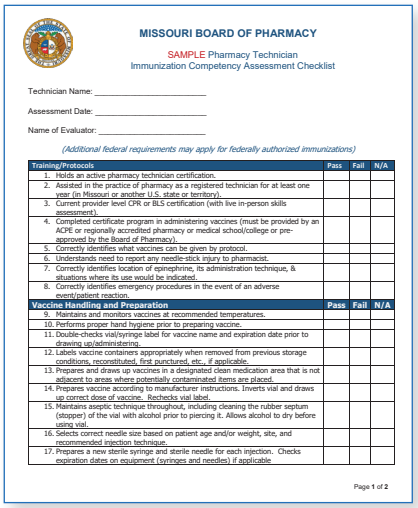
## Qualified Pharmacy Technician Immunization Checklist

*(For qualified pharmacy technicians immunizing under § 338.010.1(4).*

Note: A Missouri licensed pharmacist authorized to immunize must be physically present on-site whenever technicians are administering vaccines):

Make sure all immunizing technicians have:

- ☐ A current and active Missouri pharmacy technician registration
- ☐ An active pharmacy technician certification from an entity accredited by the National Commission for Certifying Agencies (NCCA). *The Pharmacy Tech. Certification Board (PTCB) and the National Healthcareer Assoc. (ExCPT) are NCCA accredited, as of September 2024*
- ☐ At least one (1) year experience assisting in the practice of pharmacy as a registered/licensed pharmacy technician in Missouri or another U.S. state/territory.
- ☐ A current provider level CPR or BLS certification that included a live, in-person skills assessment
- ☐ Completed a certificate program in administering vaccines that qualifies under 20 CSR 2220-6.050, and
- ☐ Completed an initial and annual competency assessment that is documented in the pharmacy's records. See the Board's website for a sample Pharmacy Technician Immunization Competency Assessment Checklist (for informational purposes only).



MISSOURI BOARD OF PHARMACY

SAMPLE Pharmacy Technician
Immunization Competency Assessment Checklist

Technician Name: _____

Assessment Date: _____

Name of Evaluator: _____

*(Additional federal requirements may apply for federally authorized immunizations)*

| Training/Protocols | Pass | Fail | N/A |
|---|---|---|---|
| 1. Holds an active pharmacy technician certification. | | | |
| 2. Assisted in the practice of pharmacy as a registered technician for at least one year (in Missouri or another U.S. state or territory). | | | |
| 3. Current provider level CPR or BLS certification (with live in-person skills assessment). | | | |
| 4. Completed certificate program in administering vaccines (must be provided by an ACPE or regionally accredited pharmacy or medical school/college or pre-approved by the Board of Pharmacy). | | | |
| 5. Correctly identifies what vaccines can be given by protocol. | | | |
| 6. Understands need to report any needle-stick injury to pharmacist. | | | |
| 7. Correctly identifies location of epinephrine, its administration technique, & situations where its use would be indicated. | | | |
| 8. Correctly identifies emergency procedures in the event of an adverse event/patient reaction. | | | |
| **Vaccine Handling and Preparation** | **Pass** | **Fail** | **N/A** |
| 9. Maintains and monitors vaccines at recommended temperatures. | | | |
| 10. Performs proper hand hygiene prior to preparing vaccine. | | | |
| 11. Double-checks vial/syringe label for vaccine name and expiration date prior to drawing up/administering. | | | |
| 12. Labels vaccine containers appropriately when removed from previous storage conditions, reconstituted, first punctured, etc., if applicable. | | | |
| 13. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed. | | | |
| 14. Prepares vaccine according to manufacturer instructions. Inverts vial and draws up correct dose of vaccine. Rechecks vial label. | | | |
| 15. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it. Allows alcohol to dry before using vial. | | | |
| 16. Selects correct needle size based on patient age and/or weight, site, and recommended injection technique. | | | |
| 17. Prepares a new sterile syringe and sterile needle for each injection. Checks expiration dates on equipment (syringes and needles) if applicable | | | |

Page 1 of 2

## Intern Pharmacist Immunization Checklist

*(For intern pharmacists immunizing under § 338.010.1(4)):*

- ☐ A current and active Missouri intern pharmacist license
- ☐ A current provider level CPR or BLS certification that included a live, in-person skills assessment, and
- ☐ Has completed a certificate program in administering vaccines that qualifies under 20 CSR 2220-6.050

## SEND IN YOUR FEEDBACK!

Section 536.175 requires that the Board conduct a comprehensive review of all Board rules every five (5) years and provide a report to the Missouri Joint Committee on Administrative Rules.

The Board is currently accepting public comments on any of the Board's rules which can be found online at: https://www.sos.mo.gov/adrules/csr/current/20csr/20csr.asp#20-2220

Comments must be received by August 31, 2024, and can be submitted to:

Luke Reed
301 West High St., Room 530
PO Box 690
Jefferson City, MO 65102
Robert.L.Reed@dci.mo.gov

Your feedback is valuable and will help the Board protect Missouri's patients.

## UPCOMING BOARD MEETINGS

Join us for an upcoming Board meeting:

| SEPTEMBER | OCTOBER | NOVEMBER |
|---|---|---|
| 11 | 16 | 18-19 |
| VIRTUAL | VIRTUAL | IN-PERSON |

### Upcoming Events:

**October 3rd:** "Lunch with the Chief" Webinar – Compliance Update/Question & Answer session

## E-ALERTS

Sign up on the Board's website to receive e-alerts on Board news, compliance updates and licensing changes.

Dr. Russell B. Melchert (UMKC- Dean) and Dr. Terri L. Warholak (UHSP/St. Louis College of Pharmacy, Dean) recently issued a joint article entitled: "Perfect Storm- Looming Crisis for Missourians Needing Pharmacy-Based Health Care Services." The article is available on the Board's website and addresses pharmacy school enrollment and potential impact on pharmacy-based health and wellness services. *(The article is provided for informational purposes. The views/opinions expressed belong solely to the authors and have not been officially endorsed or approved by the Board).*

# SUSPICIOUS ORDERS REPORT SYSTEM (SORS)

**Centralized database required by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act**

*(The following information is reprinted from the U.S. Drug Enforcement Administration)*

On October 23, 2019, DEA launched the Suspicious Orders Report System (SORS) Online, a new centralized database required by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (**SUPPORT Act, Pub. L. 115-271**). Reporting a suspicious order to the centralized database established by DEA (SORS Online) constitutes compliance with the reporting requirement under 21 U.S.C. 832(a)(3). All registrants who distribute controlled substances (within the meaning of 21 U.S.C. 802(11)) are required to design and operate a system to identify suspicious orders and notify DEA of suspicious orders. 21 U.S.C. 832(a). This obligation applies to all registrants **if they distribute controlled substances**, including the following:

- Distributor
- Manufacturer
- Importer
- Pharmacy
- Hospital/Clinic
- Teaching Institution
- Practitioner
- Mid-Level Practitioner
- Mid-Level Practitioner-Ambulance Service
- Researcher
- Analytical Lab
- Narcotic Treatment Program (NTP)

The SUPPORT Act states the term "suspicious order" may include, but is not limited to: an order of a controlled substance of unusual size; an order of a controlled substance deviating substantially from a normal pattern, and; orders of controlled substances of unusual frequency. Reporting SORS to the Administrator of the DEA and the Special Agent in Charge of the Division Office of the DEA for the area in which the registrant is located or conducts business local DEA Field Office and DEA Headquarters, or to DEA's centralized database, satisfies the requirement to report such orders to the Administrator of the DEA and the Special Agent in Charge of the Division Office of the DEA for the area in which the registrant is located or conducts business. 21 U.S.C. 832.

DEA registrants that are ARCOS Online and ARCOS EDI reporters should utilize their current ARCOS log on information to access the system. DEA registrants that are not currently ARCOS reporters may register on the website in order to report SORS to DEA's centralized database. The registration process is as follows:

1. Go to https://apps2.deadiversion.usdoj.gov/arcos-online and click on "SORS Registration (for Non-ARCOS Reporters)" hyperlink.
2. After completing the initial registration, a confirmation e-mail will be sent to the e-mail address provided.
3. Once DEA approves the registration, another e-mail will be sent with a temporary password.
4. Go to https://apps2.deadiversion.usdoj.gov/arcos-online and type in your username and the temporary password. The system will require you to change the temporary password.
5. Upon successfully changing the password, the account will be fully registered to report to the SORS Online system.

**For more information, contact** SORS@dea.gov

# GOLD CERTIFICATES



Congratulations to our newest "gold certificate" pharmacists who have maintained a Missouri pharmacist license for 50 years:

**Sandra K Ahearn**
**Erhard P Amann**
**Rebecca B Arbuckle**
**William D Bateman Jr**
**Dennis J Berding**
**Stephen E Bishop**
**Marsha M Boss**
**James J Caruso**
**Daniel H Cordes**
**William K Dickinson Jr**
**Thomas V Digirolamo**
**Robert W Engles**
**Richard F Grosch**
**Carl G Hefner**
**William M Holley**
**Gilbert T Hoskins**
**Henry L Hudson**
**Austin J Jenkins**
**Michael A Kidd**
**Patricia M Kimes**
**John D Knorp**
**Gary W Lake**
**James H Link**
**Patricia J Love**
**Paul B Martin**
**Lois McDill-Hunsaker**
**Kendell C Mcmillan**
**Michael G McQuinn**
**William F Mitchell Jr**
**Gary E Morrison**
**Bernie R Olin III**
**Paul J Perry**
**Alexander Pope Jr**
**Pamela Potts Hustedde**
**Mark C Rathgeber**
**Paul J Rost**
**Patrick B Ryan**
**Paul T Schernitzki**
**Bonna D Scott**
**Penny S Shafer**
**Wayne R Stegen**
**Mark A Stratton**
**Lyndall D Swinford**
**Marcia L Swinford**
**Nick L Tex**
**Roger B Williams**
**Roy E Winters**

# RECENT DISCIPLINARY ACTIONS

## DRUG DISTRIBUTOR:

**Alcami Corporation, #2024030412**, Wilmington, NC. Two (2) years probation. Transferred legend veterinary drugs into Missouri without holding an active Missouri drug distributor license. Section 324.038.1 RSMo.

**Durbin USA, #2024024675**, Ocean Springs, MS. One (1) year probation. Operated on an expired license; distributed legend drugs or devices into Missouri without holding an active Missouri drug distributor license. Section 324.038.1 RSMo.

**EMC Pharmaceuticals**, Maryland Heights, MO. License denied. False application; Owner listed as officer on other permits which have discipline. Section 338.055.2(3), (6), and (13), RSMo.

**EMED Medical Products, #901517**, Maryland Heights, MO. Revoked and cannot reapply for five (5) years. Violation of discipline regarding failure to design and operate a system to identify suspicious orders of controlled substances, operating without a Manager-in-charge (MIC) for 35 days. Section 338.055.3 RSMo.

**Haupt Pharma Latina S.r.l., #2024020913**, Borgo San Michele, Italy. Two (2) years probation. Operated on an expired license; distributed legend drugs or devices into Missouri without holding an active Missouri drug distributor registrant license. Section 324.038.1 RSMo.

**Legacy Pharmaceutical Packaging LLC, #2012001210**, Earth City, MO. Three (3) years probation. Failure to maintain adequate security to deter theft of drugs and diversion of controlled substances. Section 338.055.2 (5),(6), (13), and (15), RSMO.

**Oz Arc Gas Equipment & Supply, Inc., #2024028321**, Union, MO. Two (2) years probation. Operated on an expired license; distributed medical gas cylinders into Missouri without holding an active Missouri drug distributor license. Section 324.038.1 RSMo.

**Smiths Medical, ASD Inc. #2024025665**, Olive Branch, MS. Two (2) years probation. Operated on an expired license; distributed legend drugs or devices into Missouri without holding an active Missouri drug distributor license. Section 324.038.1 RSMo.

**University of KS Hospital Southlake Warehouse, #2024023300**, Lenexa, KS. Two (2) years probation. Operated on an expired license; distributed legend drugs or devices into Missouri without holding an active Missouri drug distributor license. Section 324.038.1 RSMo.

## PHARMACIST:

**Khoury, Angela, #2000153537**, Lenexa, KS. Two (2) years probation. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

**Lott, Aaron K., #2005011758**, Overland Park, KS. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo

**Mattin, Emily, #2016029052**, Portland, OR. Two (2) years probation. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

**McNeely, Lindsay R, #2014031991**, Bothell, WA. Two (2) years probation. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

**Nsubuga, Joseph, #2007023992**, Wauawtosa, WI. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo

**Truong, Johnny, #2016026627**, Ballwin, MO – Two (2) years probation. Misappropriation of cash and issuance of fraudulent credit card refunds at the pharmacy. Section 338.055.2(4), (5), and (13), RSMo.

## PHARMACIES:

**EMED Medical Company LLC d/b/a MED ASSIST PHARMACY, 2010016217**, Maryland Heights, MO. Three (3) years probation. Violation of discipline regarding the owner pled guilty to federal charges of conspiracy to commit mail and wire fraud in conjunction with knowingly facilitation the illegal shipment of pharmaceuticals. Owner failed to disclose plea on the renewal. Section 338.055.3 RSMo.

**SAI Apothecary LLC d/b/a Excel Pharmacy, #2018005551**, St. Peters, MO. Three (3) years probation. The pharmacy failed to provide effective controls and procedures to guard against the theft of controlled substances. Section 338.055.2 (5), (6), (13), and (15) RSMo

## THIRD PARTY LOGISTICS PROVIDER:

**Legacy Pharmaceutical Packaging LLC, #2019010417**, Earth City, MO Three (3) years probation. Failure to maintain adequate security to deter theft of drugs and diversion of controlled substances. Section 338.055.2 (5),(6), (13), and (15), RSMO.

# NEED HELP?

The Missouri Pharmacy Well-Being Program (WBP)* is a confidential resource for Missouri licensed/registered pharmacists, intern pharmacists, and pharmacy technicians who have life problems, including substance disorders, mental health stress, and other issues which prevent them from functioning at full capacity *(currently operated by the MU Health - Physician's Health & Professional Wellness Program).*

The Missouri Pharmacy WBP can help with locating counseling and treatment resources, including:

- Addiction/Impairment
- Mental health
- Substance abuse disorders
- Cognitive impairments
- Medical conditions
- Disruptiveness
- Burnout

See additional information online.

Download a copy of the Pharmacy WBP Brochure.


If you or someone you know needs help, contact the Pharmacy Well-Being Program at: (573) 632-5562 or contact:

Lori Rosburg, Ed.S
Mental Health Counseling
PHP Program Coordinator
Lori.Rosburg@health.missouri.edu

William "Russ" Carpenter, DO
Medical Director
carpenterwr@missouri.edu

Heather Johns, LCSW, Director
johns@health.missouri.edu

# NATIONAL ASSOCIATION OF BOARDS OF PHARMACY® NATIONAL PHARMACY COMPLIANCE NEWS – THIRD QUARTER 2024

*(The following information was provided by the National Association of Boards of Pharmacy and is reprinted with permission of NABP. This information is provided for informational purposes only and does not express or represent the views or opinions of the Missouri Board of Pharmacy.)*

## FDA GRANTS SMALL DISPENSERS EXEMPTIONS FROM CERTAIN DSCSA-RELATED REQUIREMENTS OF FD&C ACT

Food and Drug Administration (FDA) has granted small dispensers (pharmacies) and, where applicable, their trading partners an exemption from certain requirements of Section 582 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) until November 27, 2026. With this exemption, small dispensers will have more time to stabilize their operations to completely implement the Drug Supply Chain Security Act's (DSCSA's) drug distribution security requirements.

FDA classifies a dispenser as a small dispenser if "the company that owns [it] has 25 or fewer full-time employees licensed as pharmacists or qualified as pharmacy technicians." FDA notes, "Trading partners that do not qualify for the small dispenser exemptions and are unable to meet the enhanced drug distribution security requirements of [S]ection 582 of the FD&C Act by November 27, 2024, may request a waiver or exemption from those requirements." Additional details about requesting a waiver or exemption are available in the FDA press release; the agency states that the DSCSA one-year stabilization period will still end on November 27, 2024, and will not be extended beyond this date.

## ISMP: PRACTITIONERS CAN REDUCE AND PREVENT ERRORS INVOLVING 'LOOK-ALIKE' BOTTLES BY USING PURCHASING DECISIONS AND BARCODE SCANNING

The Institute for Safe Medication Practices (ISMP) has recently received multiple reports of different manufacturer bottles with similar appearances that have contributed to errors. In one case, a mix-up occurred between prasugrel 10 mg tablets and flecainide 100 mg tablets, both manufactured by Amneal Pharmaceuticals. A patient had undergone a percutaneous coronary intervention in the hospital's catheterization laboratory and had a stent placed. Following the procedure, the patient was prescribed prasugrel, an antiplatelet agent, and directed to take 10 mg daily. The prescriber wrote the prescription for a 90-day supply. However, the pharmacy dispensed a mix of prasugrel and flecainide, an antiarrhythmic agent, to the patient.

Amneal manufactures prasugrel 10 mg tablets in bottles containing 30 tablets, and product labeling requires the pharmacy to dispense the medication in the original manufacturer's container. As a result, to fill a 90-day supply, the pharmacy must dispense three unopened bottles. However, this pharmacy also stocks 100-count bottles of flecainide 100 mg tablets from Amneal, which look nearly identical to the prasugrel bottles. Both bottles are the same size, are white with white lids, and the same colors and layouts are used on the container labels. Due to the look-alike packaging, staff had inadvertently shelved the flecainide bottles with the prasugrel bottles.

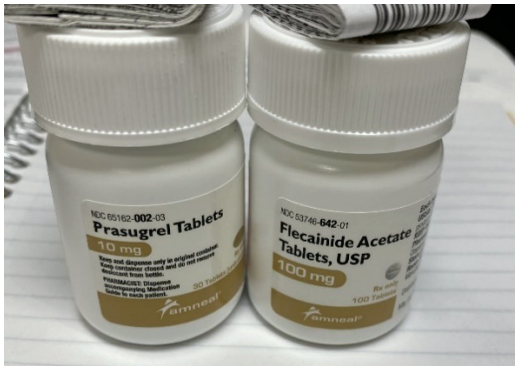



*Figure 1. Bottles of prasugrel 10 mg tablets (left) look very similar to bottles of flecainide 100 mg tablets (right), both marketed by Amneal. Flecainide bottles were inadvertently stored with the prasugrel bottles and subsequently dispensed instead of prasugrel.*

When filling the prescription, a pharmacy technician accidentally grabbed one bottle of flecainide and only two bottles of prasugrel. They then affixed pharmacy prescription labels for prasugrel to each bottle. During product verification, the pharmacist scanned the barcode of only one bottle, which was all that was required by the pharmacy computer system. The bottle they scanned happened to be a prasugrel bottle, so they did not receive an error message and then did not recognize that one of the bottles contained flecainide and not prasugrel. At home, the patient opened the bottle of flecainide first and took the wrong medication for a month. They did not realize the error until they opened a bottle containing prasugrel.

To help prevent errors with look-alike packaging, explore purchasing one medication from each of these pairs from a different manufacturer. If you currently have these products, consider separating them; make sure staff members are aware that they have been separated and know where to locate the medications. The pharmacy should employ processes and technology that can intercept product selection errors. For example, pharmacies should utilize barcode scanning during production and scan each bottle used to fill a prescription, including each manufacturer bottle that may be dispensed to a patient. The pharmacy computer system should also require the pharmacist to scan each bottle dispensed during product verification. Avoid obscuring critical information (eg, drug name, dosage strength, preparation instructions) on the manufacturer label, whether this is marking the containers with an "x" or affixing auxiliary labels, price stickers, or other labels. At the point of sale, open the bag and have the patient check what has been dispensed to make sure it is correct.

## CMS ISSUES FINAL RULE TO ADOPT NCPDP SCRIPT STANDARD VERSION 2023011

Centers for Medicare & Medicaid Services (CMS) has issued a final rule for health information technology standards to adopt the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Version 2023011. The updated SCRIPT Standard Version will allow electronic controlled substance prescriptions transfers between pharmacies. The transition period from NCPDP SCRIPT Standard Version 2017071 to Standard Version 2023011 will end on January 1, 2028.

Additional information about the background behind the CMS ruling update can be found in the Innovations® June 2024 issue.

## SAMHSA ADS PROMOTE 988 SUICIDE & CRISIS LIFELINE

Substance Abuse and Mental Health Services Administration (SAMHSA) will run five months of ads to create more awareness of the 988 Suicide & Crisis Lifeline for select audiences. SAMHSA aims to reach communities that are disproportionately affected by suicide. The ads will appear on media sites like Hulu and YouTube and social media sites like Meta and Snapchat. Following Centers for Disease Control and Prevention guidelines for creating awareness through mass-reach public health communication campaigns, the goal is to reach targeted audiences by running the ad at least 12 times on each person's phone, computer, or television.

## FDA RELEASES DRAFT GUIDANCE ON PHARMACEUTICAL DEVELOPMENT OF VETERINARY DRUG PRODUCTS

Food and Drug Administration (FDA) has released a new draft guidance for industry #290 (VICH GL61), Pharmaceutical Development. Developed for veterinary use, the draft guidance discusses the suggested contents for the Pharmaceutical Development section that is intended to help reviewers and investigators of animal drug products understand the product, as well as the manufacturing process of these drugs. FDA is encouraging individuals to submit comments on the draft guidance within 60 days to ensure that the comments are considered before the agency begins drafting the final version of the guidance document.

## CDC REPORTS ON US MEASLES CASES

From January 1, 2020, through March 28, 2024, there were 338 confirmed measles cases, 29% of which occurred during the first quarter of 2024, according to Centers for Disease Control and Prevention's (CDC's) recent report. Researchers note that almost all cases reported in 2024 occurred in people who were unvaccinated or whose vaccination status was unknown. The study is subject to some limitations such as underreported cases of measles resulting from exposure outside of the United States and discarded cases after investigation. According to CDC, the risk of widespread measles transmission remains low in the US; however, the agency encourages routine measles, mumps, and rubella vaccination coverage and vaccination before international travel.

## DEA'S APRIL DRUG TAKE BACK DAY COLLECTS 670,000 POUNDS OF UNNEEDED MEDICATIONS

More than 670,000 pounds (335 tons) of unneeded and expired medications were collected during Drug Enforcement Administration's (DEA's) biannual National Prescription Drug Take Back Day. Since 2010, about 18.6 million pounds of unneeded medications have been collected nationwide for proper and safe disposal as part of DEA's Drug Take Back Days.

In addition to disposing of expired and unneeded medications during DEA's Drug Take Back Days, consumers can search for disposal collection sites that are open year-round using NABP's Drug Disposal Locator Tool, available on the Association's consumer website, safe.pharmacy.

## FEND OFF FENTANYL ACT SIGNED INTO LAW

The Fentanyl Eradication and Narcotics Deterrence (FEND) Off Fentanyl Act has been signed into law. This bill is a sanctions and anti-money laundering bill that is intended to strengthen United States government agencies to disrupt illicit opioid supply chains and punish those facilitating fentanyl trafficking. Specifically, the FEND Off Fentanyl Act would declare international trafficking of fentanyl as a national emergency, require the US administration to report to Congress the actions that the government is taking to reduce international fentanyl and opioid-related trafficking, and more.